

LEA _____ [] PCR - PRELIMINARY

COUNTY _____ [] PCR - FINAL

APPROVED BUDGET/EXPENDITURE REPORT

BUDGET NUMBER _____

OBJECT			[A] 100	[B] 200	[C] 300	[D] 400	[E] 500	[F]	[G]
			SALARIES	EMPLOYEE BENEFITS	PURCHASED SERVICES	SUPPLIES\ MATERIALS	CAPITAL ACQUISITIONS	TOTALS	BALANCE
1270 [I]	PROGRAMS FOR EDUC DEPRIVED	BUDGET							
		EXP\OBL							
2110 [II]	ATTENDANCE & SOCIAL WORK	BUDGET							
		EXP\OBL							
2210 [III]	IMP. OF INST. (PROF. DEV.)	BUDGET							
		EXP\OBL							
2540 [IV]	OPERATION & MAINTENANCE	BUDGET							
		EXP\OBL							
2547 [V]	BUILDING RENTAL	BUDGET							
		EXP\OBL							
2550 [VI]	PUPIL TRANSPORTATION	BUDGET							
		EXP\OBL							
2621 [VII]	SERVICE AREA DIRECTION (SUPV)	BUDGET							
		EXP\OBL							
2623 [VIII]	EVALUATION	BUDGET							
		EXP\OBL							
2629 [IX]	PARENT ACTIVITIES	BUDGET							
		EXP\OBL							
	TOTALS:	BUDGET							
		EXP\OBL							
			INDIRECT COSTS - -					BUDGET	
			[FROM FINANCIAL STATUS REPORT]					EXP\OBL	
SUMMARY OF TITLE I PROGRAM IMPROVEMENT FUNDS								BUDGET	
INFORMATION BELOW AS REPORTED ON YEAR END FINANCIAL STATUS REPORT [FSR] SUBMITTED WITH THE PROJECT COMPLETION REPORT [PCR]			GRAND						
			[IX] *TOTAL					EXP\OBL	

1 [10] TITLE I PROGRAM IMPROVEMENT FUNDS RECEIVED \$ _____

2 [12] TITLE I PROGRAM IMPROVEMENT WARRANTS IN PROCESS \$ _____

3 [13] TOTAL TITLE I PROGRAM IMPROVEMENT FUNDS RECEIVED\ LINES 1&2 \$ _____

4 TOTAL **EXP\OBL FROM COL [F], [IX] \$ _____

5 TOTAL DUE STATE \ LINE 3 MINUS 4 \$ _____

6 OUTSTANDING OBLIGATIONS \ SUBMIT FINAL PCR \$ _____

CERTIFICATION: I declare and affirm under the penalties of perjury that this report has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Signature - Authorized Representative _____

Date _____